DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) | | (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395996 | | (X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING: | | (X3) DATE SURVEY COMPLETED: 03/23/2023 | | | |
|--|---|---|---|--|--------|--|--|--|--|
| | VIDER OR SUPPLIER: STER COMMONS OF PRI ARE | ESBYTERIAN | STREET ADDRESS, CITY, STATE, ZIP CODE: 6351 WEST LAKE ROAD ERIE, PA 16505 | | | | | | |
| | SE NUMBER: 075602 | | | | | | | | |
| (X4) ID PREFIX TAG | | | ID PROVIDER'S PLAN OF CORRECTION (PREFIX TAG CORRECTIVE ACTION SHOULD F CROSS-REFERENCED TO THE APPROF | | | (X5) COMPLETE DATE | | | |
| E 0000 | A COVID-19 Focused Emergency Prepare Survey was completed by the the Department Health (DOH) on March 23, 2023, at Mana Commons of Presbyterian Seniorcare. The was in compliance with 42 CFR 483.73 rel E-0024 (b)(6). | | ent of chester facility ated to | E 0000 | TITLE: | (X6) DATE: | | | |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) NAME OF PROVIDER OR SUPPLIER: MANCHESTER COMMONS OF PRE SENIORCARE STATE LICENSE NUMBER: 075602 (X4) ID SUMMARY STATEMENT | | | | | | (X3) DATE SURVEY COMPLETED: 03/23/2023 | |
|--|--|-------|---|--------|--|--|--|
| PREFIX TAG | MUST BE PRECEEDI IDENTI | R LSC | CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE | | | COMPLETE DATE | |
| F 0000 | A COVID-19 Focused Infection Control Survey and an Abbreviated Complaint Survey completed on March 23, 2023, at Manchester Commons of Presbyterian Seniorcare identified no deficient practice, related to the reported complaint allegations. The facility was in compliance with 42 CFR Part 483.80 Subpart B Requirements for Long Term Care Facilities infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19 and the 28 PA Code, Commonwealth of Pennsylvania Long Term Licensure Regulations as they relate to the Health portion of the survey process. | | | F 0000 | | | |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

TITLE:

(X6) DATE:

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Certified End Page

MANCHESTER COMMONS OF PRESBYTERIAN SENIORCARE

STATE LICENSE NUMBER: 075602 SURVEY EXIT DATE: 03/23/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janie

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY